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SUBJ/PUBLIC AFFAIRS-NAVAL SERVICE MEDICAL NEWS (NSMN) (94-09)//
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RMKS/1. THIS SERVICE IS FOR GENERAL DISTRIBUTION OF
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2. RESPECTFULLY REQUEST FLEET COMMANDERS READD TO SHIPS AND
OTHER SUBORDINATES WITH MEDICAL PERSONNEL, AS OPERATIONAL
CONDITIONS PERMIT.

3. HEADLINES AND GENERAL INTEREST STORIES THIS WEEK:
(940064)-DELA CRUZ SELECTED BUMED SHORE SAILOR OF THE YEAR
(940065)-AEROSPACE PHYSIOLOGY TECHNICIAN OF THE YEAR SELECTED
(940066)-DDP*DELTA RECOGNIZES NAVY STAFFERS
(940067)-NMC RESIDENTS SCORE 98TH PERCENTILE IN NATIONAL EXAM
(940068)-CORPSMEN KEEP UP PACE IN CARIBBEAN DEPLOYMENT
(940069)-TRAINED EMTS PROVIDE PROMPT EMERGENCY CARE
(940070)-NAVAL HOSPITAL LONG BEACH DECOMMISSIONED
(940071)-NAVY PHARMACY TECHNICIAN SCHOOL CLOSES
(940072)-NEW CANCER TREATMENT EFFECTIVE IN SOME PATIENTS

HEADLINE: Dela Cruz Selected BUMED Shore Sailor of the Year
BUMED Washington (NSMN) -- After a whirlwind three days in
Washington, HM1 John Dela Cruz from the Naval Aerospace and
Operational Medical Institute, Pensacola, FL, was named BUMED
1994 Shore Sailor of the Year.

Dela Cruz was selected from a field of three, which included
HM1 John H. Callahan, Navy Disease Vector Ecology and Control
Center, Jacksonville, FL, and HM1 James D. Harrell, Naval
Ophthalmic Support and Training Activity, Yorktown, VA.

During the 16-18 March trip to Washington, the group of
finalists, their wives, and their command master or senior chiefs
were treated to personal tours of the Capitol; the Old Executive
Office Building, where the Vice President's offices are; and
historic BUMED, which was originally the first U.S. Naval
Observatory. The group met with the Surgeon General and were
honored in a presentation ceremony at the U.S. Navy Memorial.

Melanie Callahan and Teresa Harrell, two of the finalists'

wives, were able to come to Washington. Brenda Marie Dela Cruz, who is currently the clinical coordinator for a civilian family practice clinic, was unable to make the trip as she was taking her radiology boards.

The board that selected the BUMED 1994 Shore Sailor of the Year included HMCM(SW) Jim Wilson, BUMED; DTCM(SW) Carol Varner, BUMED; HMCM(SW) Michael Smith, NAMI; HMCS Dennis Tilley, NOSTRA; and HMCM(SW) Jackie Brown, Navy Environmental Health Center (NEHC is the parent command of NDVECC). The chairman was HMCM(SS) Richard Osborn of BUMED, and Force Master Chief HMCM Charles R. Williams sat in as an observer and potential tie-breaker.

In the 18 March ceremony where VADM Donald F. Hagen announced Dela Cruz as BUMED Shore Sailor of the Year, the Surgeon General presented Callahan and Harrell with Letters of Commendation. The SG also had Letters of Appreciation for all three wives. Dela Cruz received plaques from both the Surgeon General and the Non-commissioned Officers' Association (NCOA).

In the next few months, Dela Cruz and all other major shore commands' Sailors of the Year will compete for the Chief of Naval Operations 1994 Shore Sailor of the Year. After an initial screening of their packages, a few sailors -- usually three -- will be invited to Washington as finalists for the prestigious CNO 1994 Shore Sailor of the Year.

-USN-

HEADLINE: Aerospace Physiology Technician of the Year Selected
NAMI Pensacola, FL (NSMN) -- HMC James R. Catrett has been selected as the Aerospace Physiology Technician (APT) of the Year in a Navywide competition among all APTs. He is assigned as the leading chief of the Naval Aerospace Physiology Training Program (NAPTP), Model Manager Office, at the Naval Aerospace and Operational Medical Institute (NAMI). Collaterally, he serves as the Enlisted Technical Advisor to the Surgeon General of the Navy, representing Navy Aerospace Physiology Technicians worldwide.

As BUMED's enlisted member on a subcommittee of the Interservice Training Review Organization, Catrett is responsible for providing input and technical expertise into the proposed triservice consolidation of the Aviation Medicine and Aerospace Physiology Technician Training Program. He said, "I represent our training process so that it can effectively be reviewed for the possible inclusion in a centralized DOD curriculum. Likeness and dissimilarity of training and the effect on the Navy Aviation Physiology mission are pointed out, but the final decision will be made by a higher authority."

Catrett has spent more than 14 of his 16 years in the Navy associated with the Naval Aerospace Physiology Program, and his knowledge and experience have benefited the program tremendously.

He is dedicated to the cause of increasing survival and lessening injury for aircrew personnel. By providing knowledge-based information to the aviators, he is assisting in what he calls "Aviation Preventive Medicine."

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HEADLINE: DDP*Delta Recognizes Navy Staffers

DDP*DELTA Sacramento, CA (NSMN) -- Congratulations to DT1 Keith Hill and Ms. Grace Potts, who each received an Award for Excellence for exceptional effort in support of the Active Duty Dependents Dental Plan. DDP*Delta presents the award on a very limited basis to uniformed services staff who genuinely go above and beyond the call of duty on behalf of DDP.

Hill is the leading petty officer in the dental department aboard USS John F. Kennedy (CV 67). DDP*Delta selected him to receive an Award for Excellence because of his outstanding commitment to helping Kennedy's service members learn about and use the Dependents Dental Plan.

Potts is the health benefits advisor at Naval Base Philadelphia. She was selected to receive an Award for Excellence because of her outstanding commitment to helping service families in the area learn about and use the plan.

DDP*Delta administers the dental plan, which is a DOD-sponsored voluntary insurance plan covering a full range of dental services -- from checkups, cleanings, sealants and fillings to oral surgery, root canals, gum surgery, crowns and braces. Enrolled family members can make appointments with any licensed civilian dentist but receive the greatest value if they choose one of the more than 115,000 participating Delta dentist offices nationwide.

At present, nearly two million family members are enrolled. For enrollment information, see your personnel support office. For more information about DDP*Delta, talk to Hill, Potts or their counterparts throughout the Navy. You can also call DDP*Delta Customer Service at (916) 381-9368 or (313) 489-2240.

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HEADLINE: NMC Residents Score 98th Percentile in National Exam

NMC San Diego (NSMN) -- Ask CDR Christine Hunter: If Navy medicine were a pool, 16 third-year residents in Naval Medical Center San Diego's Internal Medicine Department are producing ripples that could literally change the tide of Navy medicine around the world.

If you couldn't tell, Hunter is somewhat elated.

It was announced last week that the 16 third-year medical residents scored in the 98th percentile in the most recent national certifying exam for the American Board of Internal Medicine.

Scoring in the 98th percentile means that NMC San Diego's internal medicine residents are, academically, among the top 2 percent in the country.

"It is an incredible honor, not only for the residents, but for the internal medicine program," said Hunter, the assistant chairman of the Internal Medicine Department. "It validates our training program and really underscores that the program is top-notch."

There's no argument from the "straight A" residents, including LT Jeffrey Carstens, chief of residents in the department.

"What you hear a lot is that one hospital has this kind of program and another hospital has that," said Carstens. "But Naval Medical Center consistently scores as one of the top 10 or 15 programs in the country."

According to Carstens, that's from more than 450 total internal medicine programs.

Each of the residents has completed a rigorous three-year program at the medical center, learning internal medicine inside and out -- from pediatrics to geriatrics, cardiology to infectious disease. Never do they work an eight-hour day. They're on call every fourth day. How do they do it?

"It's teamwork," Carstens said. "Each of the residents knows they can count on their class colleagues any time, day or night, if they need help."

Hunter echoed his sentiment.

"Any program can claim to be the best in the nation, but it's the people who make it work," she said, adding hastily, "This is not just a win for the residents, it's a win for the Naval Medical Center and the Navy, because, ultimately, they care for the fleet."

Story by H. Sam Samuelson

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HEADLINE: Corpsmen Keep Up Pace in Caribbean Deployment

USS NASSAU (NSMN) -- There's something unique about a few of the personnel assigned to Marine Forces Caribbean. They don't look any different, and they speak the same military jargon the rest of the Marines speak. The difference about these few individuals is they aren't Marines at all.

These few individuals are the ones who respond to the call, "Corpsman up." These "docs" are a special breed of sailors who act as probably the most visible part of the Navy-Marine Corps team.

"There's a certain pride about being a corpsman," said HM3 David Oliver, Company E, 2d Battalion, 8th Marines, MarFor Carib.

"The Marines you're with know you're important to them and that builds a lot of pride, knowing they count on you."

The rapport Marines have with their corpsman is one built on long hours of working together in harsh conditions, Oliver explained. "The hardest adaptation I had to make to 'go green' was the physical challenge. The standards are higher, and it requires a lot more effort. Everything about working with the Marines is demanding. You have to adopt a new attitude to fit the billet of working with a Marine rifle platoon."

Adopting a new attitude could be closer to a culture shock for some, said HN Grant Ingram, 3d Platoon, Company D, 2d Light Armored Infantry Battalion, MarFor Carib. "It was a definite shock to me. Being an E-3 is a lot more challenging working in and around the Marine Corps. There are a lot of standards you've got to measure up to that I never expected. I didn't think it would be as difficult as it was to adjust and meet the expectations. Once I started to understand the attitude and attention to detail, it became easier."

The easy way becomes a way of the past for many corpsmen who decide they want to be "green," Oliver said. "The idea hit me that I wanted to do something active. The Marines are always up front, and I wanted to be part of that. It's hard to say I enjoy what I do, because that means someone's been hurt. Being out there, ready to put my life on the line to keep these Marines alive is what it's about for me. There's a lot of responsibility when it comes to being a 'doc' and I take a lot of pride in that."

The ability to perform and save lives can be a tremendous pressure, he added. "You're anxious a lot of the time. Sometimes you just lie in the rack and go over all the medical knowledge over and over in your head. You're the expert out there. You're the one who has to make the call. It's a very tough job mentally. You know you're not a doctor, but some expect you to be a miracle worker."

The pride and discipline is something that is apparent later on in a corpsman's career, Ingram said. "You could always tell the corpsmen who had been with the Fleet Marine Force. They looked more squared away, they looked like they were in better shape and they had a certain pride about them. I know that I'll eventually go back to a hospital, and that's what I want people to see when they look at me. I want them to see a little Marine Corps hidden in a Navy uniform."

Story by Cpl Mark D. Oliva, USMC, reprinted from Marine Corps Base Camp Lejeune's The Globe, 13 January 1994

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HEADLINE: Trained EMTs Provide Prompt Emergency Care

BMC Lakehurst, NJ (NSMN) -- "Hello. 9-1-1? It's an emergency."

Who responds to the call for help? An EMT -- emergency medical technician -- a professional provider of emergency care.

All EMTs, whether paid or volunteer, have the same training and are usually attracted to the profession by dedication and a desire to perform to the best of their abilities to help save lives.

Available 24 hours a day, 365 days a year, the trained and certified EMT provides emergency care at the scene and en route to a hospital. EMTs work with local fire and police departments, responding and giving care to patients in a wide range of medical emergencies, from simple first aid to childbirth, from automobile accidents to fires.

Each call varies and must be independently assessed by the EMT. There are times when an emergency develops into a life-threatening situation; the EMT must quickly decide whether to transport a patient to a hospital by ambulance or call in a medevac helicopter to transport the victim by air to a specialized trauma or burn center.

The basic EMT provides basic life support techniques to the patient but may not administer drugs, intravenous fluids or electrical cardiac stimulation. He or she has completed the Federal Department of Transportation (DOT) EMT National Standard Training program or equivalent, a demanding 140-hour course, and

is certified by the State Emergency Medical Services Board or authorized agency.

The highest level of EMT, the paramedic, provides advanced life support and may administer medications, intravenous fluids and electrical cardiac stimulation. The paramedic is licensed after completing rigorous training in DOT National Standard Curriculum.

Until recently, there were only two classifications of EMT. A third rating now exists between the basic EMT and paramedic -- the EMT-Defibrillation, or EMT-D. An EMT-D is an EMT who is also trained and certified in the use of the recently approved automated external defibrillator, or AED.

The AED is a computerized machine that analyzes heartbeat and automatically delivers electrical stimulation to the heart when a specific arrhythmia, or irregular rhythm of the heart, is indicated. A cardiac arrest victim's chances of survival increases when the AED is used.

The time spent waiting for the paramedics to apply electrical stimulation can make the difference between life and death. An EMT-D, unlike the basic EMT, no longer must wait until a paramedic arrives; the EMT-D can immediately begin treating a cardiac arrest victim with electrical stimulation to restore a normal heartbeat.

In most areas, persons needing medical help can dial 9-1-1 and an EMT will respond. Where 9-1-1 isn't available, call the telephone operator or the emergency response telephone number published in the local telephone directory. Story by Anne Francis, administrative assistant, Occupational Health Department, Branch Medical Clinic Lakehurst. She is also a volunteer EMT on the County Lakes (NJ) Emergency Squad Station 187.

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HEADLINE: Naval Hospital Long Beach Decommissioned

NAVHOSP Long Beach, CA (NSMN) -- After 27 years of continuous service to the fleet, Naval Hospital Long Beach ceased all patient care and was decommissioned 24 March 1994.

As a result of Base Realignment and Closure (BRAC) Commission mandates, Naval Hospital Long Beach was decommissioned and the Branch Medical Clinic at Naval Station Long Beach converted to a Naval Medical Clinic. Medical services will primarily be available to active duty military, with family members seen on a space-available basis. Pharmacy service will continue for all beneficiaries through a small pharmacy at the clinic and an expanded pharmacy located in the Navy Exchange complex on base.

Navy Surgeon General VADM Donald F. Hagen, MC, USN, was guest speaker at the 24 March ceremony that officially closed the doors on the 390,170-square foot complex previously capable of 562 expanded beds. Naval Hospital Long Beach supported a population of about 250,000 eligible beneficiaries as the only military hospital between Camp Pendleton, 75 miles to the south, and Fort Ord, 300 miles to the north.

While this was the final phase for the naval hospital,

medical service will continue for the fleet through the Naval Medical Clinic, Naval Station Long Beach, which had a ribbon cutting ceremony the same day as the hospital's decommissioning ceremony.

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HEADLINE: Navy Pharmacy Technician School Closes

NSHS San Diego (NSMN) -- On 18 March 1994, the Pharmacy Technician School at the Naval School of Health Sciences San Diego closed after graduating its 103rd class. Future classes will graduate from NSHS Portsmouth, VA, which will be the consolidated site for pharmacy technician training. Both Navy Pharmacy Technician Schools were accredited by the American Society of Hospital Pharmacists.

The Pharmacy Technician School in San Diego was established in September 1957 as a part of the Hospital Corps School Command.

The original course of instruction was 32-weeks long, with one class of 35 students convening approximately every nine months.

Before closing, San Diego convened classes every three months. Students received extensive education and training during the 23-week course that was designed to support and enhance the professional functions of the pharmacy officer.

Pharmacy technicians assist pharmacists in fulfilling their obligations to patients in a number of capacities, performing activities that do not require the pharmacist's professional judgment so the pharmacist can engage in the patient care activities that do require advanced professional training.

The vision of Navy Pharmacy is to serve society as the profession responsible for assuring the patient of efficacious, safe and cost-effective drug therapy to positively affect patient outcomes, health promotion and disease prevention. To achieve the vision, pharmacy technicians must be honest and ethical, protecting the rights and privacy of patients as they serve individuals and society as a whole.

Through the efforts of generations of instructors, 2,200 pharmacy technicians have graduated from pharmacy technician classes at San Diego's Naval School of Health Services, each carrying on a proud tradition of honesty and service.

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HEADLINE: New Cancer Treatment Effective in Some Patients

AMA Chicago, IL (NSMN) -- Patients given large intravenous doses of a drug that triggers the immune response against cancerous tumors resulted in complete regression of 7 percent of patients and at least partial regression in 19 percent of those given the drug, according to an article in this week's Journal of the American Medical Association

Steven A. Rosenberg, MD, PhD, and colleagues, National Cancer Institute, National Institutes of Health, Bethesda, Md., tested the drug Interleukin 2 (IL-2) from September 1985 through December 1992 on 283 patients with metastatic melanoma or metastatic renal cell cancer, who had failed standard treatment for their cancers.

The researchers write: "Of 134 melanoma patients, nine (7 percent) had complete regression of metastatic disease and 14 (10 percent) had partial regression for an overall response rate of 17 percent. Of 149 patients with renal cell cancer, 10 (7 percent) experienced complete regression and 20 (13 percent) experienced partial regression for an overall response rate of 20 percent. Thus, 19 percent of all patients experienced an objective regression of cancer with this immunologic therapy." Of the 19 patients with complete regression, 15 have remained in complete regression from seven to 91 months after treatment. Three patients (1.1 percent) died of treatment-related toxicity, two from myocardial infarction and one from sepsis.

Interleukin 2 has no direct effect on cancer cells, and all of its antitumor activity appears to be mediated by modulating the host's immune system reaction. In 1992, after review of data from clinical trials in 21 institutions using the regimen described in the JAMA article, the U.S. Food and Drug Administration approved the use of the regimen of high dose bolus (large doses administered quickly) IL-2 for the treatment of patients with advanced renal cell cancer as the only currently approved treatment for patients with this disease in the United States.

SUBHEAD: Editorial: Study Represents a "Significant Advance"

In an accompanying editorial, Samuel Hellman, MD, Department of Radiation and Cellular Oncology, The University of Chicago, writes: "Rosenberg et al have demonstrated that IL-2 treatment has resulted in clear, and in some cases dramatic, tumor regression and have shown that immunotherapy, at least of this kind, can work in the clinical setting."

He continues: "First and foremost, we have a proof of principle of immunotherapy of cancer. Second, a new form of treatment for certain advanced cancers can be added to the therapeutic armamentarium. Third, although we are disappointed with the low frequency of response, we are impressed with the duration of the complete responses. We realize that the treatment needs modification to reduce toxicity and to increase the number of complete responses.

"Finally, we should conclude that this study represents a significant advance in cancer therapy because of the novel mechanism of action of IL-2 and the long duration of complete responses. We look forward to new techniques that can extend the spectrum of tumors affected and to methods of integrating this new therapy with those already available."

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4. Month of April observations and events occurring 1-7 April: APRIL

- Month of the Military Child
- National Child Abuse Prevention Month
- Cancer Control Month
- National Alcohol Awareness Month
- National Occupational Therapy Month
- Youth Suicide Prevention Month
- Keep America Beautiful Month

National Humor Month
Mathematics Education Month
1 April: April Fool's Day
1-3 April: Alcohol-Free Weekend
1 April: Good Friday
2 April, Sundown: Passover Ends
2 April 1948: Navy Dental Technician Birthday
3 April: Easter
3 April, 0200: Daylight-saving time begins (set clocks
forward one hour)
4-10 April: Healthcare Access Personnel Week -- "We Admit
We Care" (recognizes admissions, registration and patient access
services staff)
7 April: World Health Day
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5. ADDRESSEES ARE ENCOURAGED TO SUBMIT INFORMATION AND NEWS
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